



THE COMMONWEALTH OF MASSACHUSETTS

# State Board of Retirement

ONE ASHBURTON PLACE, BOSTON, MA 02108-1607

## RETIREE CHANGE OF ADDRESS FORM

### IMPORTANT

Please advise the State Retirement Board as soon as possible of any change in your mailing address (whether the change is permanent or temporary). We cannot accept address changes over the telephone. You should mail or fax (617-723-1438) this information as soon as possible. **Even if you receive your allowance through direct deposit, other documents are sent which cannot be forwarded (1099R tax forms, statements, etc.).**

If you have a temporary residence for a few months each year (i.e. winter in Florida), please provide us with the dates you will be at each address.

Full Name (please print)

Social Security Number

Reference Number (if known)

I receive my monthly retirement allowance by: (check one)

☐ MAIL

☐ DIRECT DEPOSIT

#### OLD ADDRESS:

Number and Street— and/or P.O. Box

( )  
Phone Number

City/Town

State

Zip

#### NEW ADDRESS:

Number and Street— and/or P.O. Box

( )  
Phone Number

City/Town

State

Zip

PLEASE RECORD MY  
NEW ADDRESS AS A:



(check one)

☐ PERMANENT CHANGE

I wish to receive mail at this address  
beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_  
and continuing until further notice.

☐ TEMPORARY CHANGE

I wish to receive mail at this address  
beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_  
and continuing until further notice.

Member/Recipient's Signature

Date Signed

This form may be signed by a Power of Attorney, Guardian or Conservator as long as a copy of the legal document is on file with the Retirement Board.

Please return completed form to: State Board of Retirement, One Ashburton Place – Room 1219, Boston, MA 02108-1607

For more information call (617) 367-7770 or 1-800-392-6014 (Mass. only) – fax # (617) 723-1438

Please notify the Retirement Board of any change of address.